

# Midwest Zone Standard Continuing Education Filing Form

Revised 01/03/2002

Provider Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Federal Tax ID NO. \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Course Title \_\_\_\_\_

Attached is an (approved application) (course approval letter) from my resident State.  
This course was approved for credit in the following category:

☐ Life/Health      ☐ Property/Casualty      ☐ General/Other

Please file this course for approval in the State of \_\_\_\_\_

My Provider Identification number in your state is \_\_\_\_\_

Enclosed is the registration/approval fee of \$ \_\_\_\_\_

Instructor Name(s)\* \_\_\_\_\_ SSN \_\_\_\_\_

Is the course open to the public? ☐ Yes ☐ No

Dates and locations where the Course will be offered:

\_\_\_\_\_  
\_\_\_\_\_  
If this course is being filed for approval in California, Indiana, Kentucky, Michigan, Missouri, New York, North Carolina, Ohio, Oklahoma, Utah or Wisconsin an outline of the approved course must be attached to this form.

\* Instructor names are only required if this course is being filed for approval in Oklahoma, Wisconsin, Nebraska, South Dakota, Kentucky or North Carolina. Instructor names and SSNs need not be listed on this form if the information is contained in the enclosed approved application/course approval letter.

## Department Use Only

1. Course approved for \_\_\_\_\_ credits of:  
☐ life/health      ☐ ethics      ☐ property/casualty      ☐ general      ☐ long-term care

by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Department of Insurance • Course Number \_\_\_\_\_

2. Course disapproved. Comment \_\_\_\_\_